

Civil Action No. 14-cv-806 LPS

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Sarah Clarti
 was received by me on (date) 2-23-16.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Steven Davis / Legal Counsel, who is
 designated by law to accept service of process on behalf of (name of organization) CCS LLC
3821 Lancaster Pike W/D 19801 on (date) 2-24-16; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 3.54 for travel and \$ 65 for services, for a total of \$ 68.54.

I declare under penalty of perjury that this information is true.

Date: 2-24-16



Server's signature

Robert Sink / Dusen

Printed name and title

844 King St Ste 1100 W/D 19801

Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

6

PLAINTIFF <u>RYAN RICHMOND</u>	COURT CASE NUMBER <u>1:14-cv-00806-LPS</u>
DEFENDANT <u>SARAH CLARTI</u>	TYPE OF PROCESS <u>COMPLAINT</u>

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>CORRECT CARE SOLUTIONS LLC</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1201 COLLEGE PARK DR. SUITE 101 DOVER DE, 19904</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>RYAN RICHMOND SB#610577</u> <u>JTVCC</u> <u>1181 PADDOCK RD.</u> <u>SMYRNA DE, 19977</u>	Number of process to be served with this Form 285 <u>2</u>	
	Number of parties to be served in this case <u>8</u>	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold RECEIVED JAN 13 PM MARSHALS SERVICE WILMINGTON, DELAWARE	Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>NONE</u>	DATE <u>12-23-14</u>	Fold RECEIVED U.S. MARSHAL SERVICE WILMINGTON, DE 2015 DEC 23 PM 3:17
	SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)				

Total Process <u>6</u>	District of Origin No. <u>15</u>	District to Serve No. <u>15</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>1/13/16</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>STEVEN DAVIS - General Counsel</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) <u>3821 Lancaster Pike</u> <u>Wilmington DE 19805</u>	Date <u>12-24-14</u> Time <u>1200</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>\$ 65</u>	Total Mileage Charges including endeavors <u>\$ 3.56</u>	Forwarding Fee <u>—</u>	Total Charges <u>\$ 68.56</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$ 68.56</u>
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED